

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
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44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			3			TOTAL IND.			
TOTAL DEP.			10			TOTAL DEP.			
TOTAL CLAIMS			13			TOTAL CLAIMS			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office